

FEB 28 2006

PTO/SB/30 (09-03)

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**Request  
for  
Continued Examination (RCE)  
Transmittal**Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/649,052
Filing Date	AUGUST 27, 2003
First Named Inventor	COLSON, ET AL.
Art Unit	2645
Examiner Name	ESCALANTE, OVIDIO
Attorney Docket Number	BOC9-2003-0017 (355)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☐ Enclosed

i. ☐ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(j) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0951

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	RICHARD A. HINSON, ESQUIRE	Registration No. (Attorney/Agent)	47.652
Signature	<i>Richard A. Hinson</i>	Date	FEBRUARY 28, 2006

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Name (Print/Type)	RICHARD A. HINSON, ESQUIRE	Date	FEBRUARY 28, 2006
Signature	<i>Richard A. Hinson</i>		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Alexandria, VA 22313-1450

<b>Application Number</b>	10/649,052
<b>Filing Date</b>	AUGUST 27, 2003
<b>First Named Inventor</b>	COLSON, ET AL.
<b>Art Unit</b>	2645
<b>Examiner Name</b>	ESCALANTE, OVIDIO
<b>Attorney Docket Number</b>	BOCS-2003-0017 (380)

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
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- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- ii. ☐ Other \_\_\_\_\_

- b. ☐ Enclosed

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- iii. ☐ Information Disclosure Statement (IDS)

- ii. ☐ Affidavit(s)/ Declaration(s)

- iv. ☐ Other \_\_\_\_\_

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The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0951

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- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

<b>Name (Print/Type)</b>	RICHARD A. HINSON, ESQUIRE	<b>Registration No. (Attorney/Agent)</b>	47,852
<b>Signature</b>	<i>Richard A. Hinson</i>	<b>Date</b>	FEBRUARY 28, 2006

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<b>Name (Print/Type)</b>	RICHARD A. HINSON, ESQUIRE	<b>Date</b>	FEBRUARY 28, 2006
<b>Signature</b>	<i>Richard A. Hinson</i>		

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/849,052
	Filing Date	AUGUST 27, 2003
	First Named Inventor	COLSON, ET AL.
	Art Unit	2645
	Examiner Name	ESCALANTE, OVIDIO
	Attorney Docket Number	BOC8-2003-0017 (386)
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>REQUEST FOR CONTINUED EXAMINATION</b>
Remarks The Examiner is authorized to charge the required fees to Deposit Account 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AKERMAN SENTERFITT, CUSTOMER NO. 40987		
Signature	<i>Richard A. Hinson</i>		
Printed name	RICHARD A. HINSON, ESQUIRE		
Date	FEBRUARY 28, 2006	Reg. No.	47,652

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Signature	<i>Richard A. Hinson</i>		
Typed or printed name	RICHARD A. HINSON, ESQUIRE	Date	FEBRUARY 28, 2006

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